

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/20/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAMUEL MAHELONA MEMORIAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4800 KAWAIHAU ROAD KAPAA, HI 96746</b>		
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4 000	Initial Comments  A re-licensing survey was completed on 11/20/20. The facility reported a census of 48 residents at the entrance conference.	4 000		
4 115	11-94.1-27(4) Resident rights and facility practices  Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:  (4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;  This Statute is not met as evidenced by: Based on observations and interviews the facility failed to ensure that staff avoided using labels for a resident (R27) while providing care; and that staff communicated to one another in a language understood by all residents within hearing range.  Findings include:  1) On 11/18/20 at 11:31 AM observed lunch being served to residents on the unit. Queried certified nursing assistant (CNA) 1, whether R27 ate lunch, and CNA1 stated that R27 didn't eat yet because "She's a feeder." The conversation was at the doorway of R27's room and her bed was near the doorway.	4 115	R27 1a. Immediately following the Exit Interview 11/20/2020, preliminary survey findings were shared with on-duty caregivers regarding the inappropriate use of cultural terms and labels, i.e. addressing resident as a feeder. 1b. E. Trinidad DON, also emailed all LTC Facility Staff on 11/20/2020 outlining preliminary survey findings and specifically addressed the areas that impact Resident Rights and Dignity that need improvement.  2a. All residents have the potential for being impacted by this deficient practice. 2b. All staff that work in the facility were	12/21/20

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/11/20

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4 115	Continued From page 1  Also, observed that CNA1 used her own cultural language to call out to another staff member for assistance, instead of using the staff member's name. There were five residents from various cultural groups in the hallway at the time.  Residents were not treated with dignity and respect as R27 was not addressed by name of choice, and staff conversed in their own cultural language to the exclusion of residents from other cultural groups.	4 115	assigned an educational activity - Best Practice: Resident Centered Care / Resident Dignity and review of the hospital's Quality of Life - Dignity Policy #100-102-18 to promote understanding and compliance.  3a. Audit Sheet to monitor staff compliance with Resident Rights & Dignity during resident care was created and implemented. 3b. All staff will be tasked with monitoring and reporting to DON/designee any observed non-compliance during patient care. 3c. DON/designee to address all reports of non-compliance with involved staff.  4a. Resident <input type="checkbox"/> Rights & Dignity Audits to be conducted daily x 2 weeks, then weekly x 1 month; then monthly for one year or until 100% compliance met. 4b. Findings from Resident <input type="checkbox"/> Rights & Dignity Audits will be reported to the Hospital Performance Improvement Committee (HPIC) bi-monthly x 6; beginning 12/16/2020.	
4 159	11-94.1-41(a) Storage and handling of food  (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.  (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and	4 159		12/31/20

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4 159	<p>Continued From page 2</p> <p>(2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observations, interviews with staff member and review of the facility's sanitization solution log, the facility failed to ensure the system for testing the sanitizing solution for dishes was in place to ensure kitchenware and dishes are sanitarily cleaned; the facility failed to ensure food items were safely stored (labeling and disposal); and the facility failed to ensure that one of three residents [(R) 27] dependent on staff to eat, was fed by staff that follow hygienic practices.</p> <p>Findings include:</p> <p>1) On 11/18/20 at 10:20 AM, requested Kitchen Staff (KS)1 test the sanitizing solution of the three compartment sink. The test strips were exposed (not stored in the manufacturer's plastic container), the manufacturer's packaging was missing (no expiration date) and the chart (color coding comparison) to ensure the sanitizing solution/water was at the correct ratio was missing.</p> <p>KS1 tore off a piece of the test strip and placed it in the sanitizing solution of the compartment sink for approximately 10 seconds. KS1 stated the color of the strip was incorrect. KS1 attempted to test the solution again. The test strip barely changed color. The Food Service Manager (FSM) confirmed the sanitizing solution is quaternary based. FSM assisted in the process using the same strips, the results were the same, no change of color of the strips (slight change of</p>	4 159	<p>#1</p> <p>1. The test kit that was stored incorrectly was immediately discarded. A new quaternary ammonium compound (QUAT) test kit replaced the open test kit.</p> <p>2a. Regional Food Service Manager provided re-education to all kitchen staff on proper storage and use of test kits including: storing test kits in manufacturer's plastic container, expiration date visible on opened container, and color coding comparison chart readily available.</p> <p>2b. Competencies will be completed with return demonstration and added to new hire and annual competencies.</p> <p>3a. The opening manager of the day will audit and monitor weekly that correct test kits are in place and are stored correctly.</p> <p>3b. Incorrectly stored test kits will be disposed of immediately and staff will be re-educated.</p> <p>4. Regional Food Service Manager will report findings from audits of test kit storage to HPIC for three consecutive bi-monthly meetings.</p> <p>#2</p> <p>1. The somen sauce found with date of 11/05/2020, the bottle of Grey Poupon with no open date, and the flour with scoop left</p>	

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4 159	<p>Continued From page 3</p> <p>color to the edge of the strip). KS1 requested new strips, FSM brought a container of strips, KS1 noticed these strips are used to test bleach solutions not quaternary solution. FSM looked around for the proper test strips and could not locate the strips. KS1 finally found a new box of the test strips. The solution was tested with a new package of strips, which indicated the proper ratio was maintained.</p> <p>Observed the facility had a log posted with test results of the quat solution for the month of November. The entries all indicated the solution was at the proper ratio, 200 ppm. Inquired how can the test results indicate the proper ratio was maintained when the only roll of strips at the sink did not work. KS1 reported she was off for the last three days, the FSM did not comment.</p> <p>2) On 11/17/20 at 10:56 AM an initial tour of the kitchen was conducted with the FSM. There was a container of somen sauce in the refrigerator labeled with a date of 11/05/20. Inquired how long are food items kept in the refrigerator. The FSM confirmed the somen sauce needed to be thrown out. Also observed a bottle of gray poupon mustard with no label of the date it was opened. Observation of the dry storage found a container of flour with the scooper stored in the flour. The FSM commented the scooper should not be stored in the flour to prevent bacteria from hands. The FSM showed the surveyor a container to store the scooper.</p> <p>3) On 11/18/20 at 11:52 AM observed certified nursing assistant (CNA) 2 ready R27 for lunch. The resident was repositioned &amp; awakened by CNA2 to feed her lunch of pureed rice and chicken. The CNA2 filled half a spoonful mixture</p>	4 159	<p>inside all were immediately disposed.</p> <p>2. Regional Food Service Manager provided re-education to all food service staff on proper food storage and labeling per Food Service Safety Professional Standards as all residents are at risk, if standards are not followed. The education provided included: proper labeling and dating of food items, proper storage procedures for food and non-food items, and how to prevent cross-contamination in the department.</p> <p>3a. The opening manager of the day/designee will perform spot checks monitoring for compliance with food labeling and storage throughout the department. Findings will be documented on the Food Storage Log.</p> <p>3b. Incorrectly stored and labeled items will be discarded and staff will be re-educated on proper storage procedures.</p> <p>4. Regional Food Service Manager will report findings to HPIC for three consecutive bi-monthly meetings.</p> <p>#3 R27</p> <p>1a. Immediately upon receiving the SOD, MDS/RAI RN covering for the DON that day educated all LTC staff on the proper technique to check food temperatures prior to feeding residents.</p> <p>1b. On 12/4/2020, the DON held a caregivers' meeting with Nursing and the CNA staff to review and address the survey citations and discussed hygienic options to determine food temperature</p>	

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4 159	<p>Continued From page 4</p> <p>of the pureed rice and chicken, then stuck her index finger into the spoon of pureed food and fed to R27. Queried CNA2 why she stuck her finger into R27's food, and CNA2 stated that used finger to feel if food not too hot, because tray just came from warmer. Queried if CNA2 always used her finger to feel if food too hot, and she stated that also keeps stirring mixture on plate to cool off.</p> <p>R27 was admitted to the facility in 2010, and the minimum data set (MDS) assessment reference date on 09/29/20 included diagnoses of Alzheimer's and dementia, with severely impaired cognitive skills, and total dependence on staff for all activities of daily living.</p> <p>Food safety requirements include that staff should avoid bare-handed contact with any foods to prevent infectious contamination of food fed to residents.</p>	4 159	<p>prior to feeding resident to avoid mouth burns. Instructed staff that food temperatures in the cart range from 135 - 145 degrees Fahrenheit.</p> <p>1c. Safe Handling education provided for the staff on 12/4/2020 included:</p> <ul style="list-style-type: none"> <li>o Hand washing/hand sanitizing before handling food trays</li> <li>o How to safely check for the temperature of the food.</li> <li>o How to safely feed the resident</li> <li>o proper positioning</li> <li>o amount of food in the spoon</li> <li>o allowing residents to fully chew and swallow the food</li> <li>o giving or offering fluids in between solids</li> <li>o observing for signs of difficulties of swallowing to prevent aspiration.</li> <li>o what to do if noticed any difficulties.</li> </ul> <p>2. All residents that are dependent on nursing staff for their meals are potentials for this deficient practice. Therefore, to ensure this does not re-occur, the following practices have been placed into effect:</p> <ul style="list-style-type: none"> <li>a. Education completed with all staff to ensure hygienic and safe food handling practices are adhered to</li> <li>b. Charge RN to monitor and audit all residents that are dependent on nursing staff for their meals that nursing is adhering to safe food handling practices and hygienic behaviors including not touching food with finger to determine temperature.</li> </ul> <p>3. Charge RN or designee will monitor meal time service using audit sheet. DON</p>	

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4 159	Continued From page 5	4 159	or designee will review meal time audit sheets completed daily and address any non-compliance immediately.	
4 243	<p>11-94.1-64(a) Engineering and maintenance</p> <p>(a) The facility shall maintain all essential mechanical, electrical, and resident care equipment in safe operating condition.</p> <p>This Statute is not met as evidenced by: Based on observation, interview with facility staff and a review of the facility's temperature log and policy and procedures, the facility failed to ensure the system to maintain the freezer in safe operating condition was implemented. The documented temperatures of the freezer ranged from 15 to 30 degrees.</p> <p>Findings include:</p> <p>On 11/17/20 at 10:56 AM during the initial tour of the kitchen with the Food Service Manager (FSM) observed the reach-in freezer was displaying a temperature of 8 degrees. FSM reported the goal is to keep the freezer temperature below 10 degrees. A review of the temperature log on the freezer door for the month of November 2020 noted the temperatures ranged from 15 to 30 degrees. The FSM stated that when the temperature is out of range, the temperature is checked a half hour later. Review of the log found no entries for the "Recheck Temp". There</p>	4 243	<p>4. Audit sheets will be collected and entered into a monthly database that will be reported to HPIC for 3 consecutive bi-monthly meetings and monitored for 100% compliance.</p> <p>1. All food items were immediately removed from the freezer that had temperature fluctuations and placed into another freezer that had desired temperature. The freezer was taken out-of-service and repair services requested.</p> <p>2. Regional Food Service manager provided re-education to all kitchen staff on the following:</p> <ul style="list-style-type: none"> <li>a. correct way to document freezer and cooler temperatures on the log</li> <li>b. correct process to follow should a cooler or refrigerator read outside the correct temperature range. This includes a documented recheck within 30 minutes, per policy.</li> </ul> <p>3. The opening manager of the day will audit and monitor the logs to ensure that the correct temperatures were maintained</p>	12/16/20

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4 243	<p>Continued From page 6</p> <p>was documentation that maintenance was notified on 11/02/20 and 11/03/20. A request was made for documentation that maintenance addressed the issue. No documentation was provided. Also noted there are missing entries for temperature log. The AM check was missing documentation on 11/01, 11/02, 11/06, 11/07, 11/08 and 11/13. The PM check was missing documentation on 11/06, 11/11 and 11/14.</p> <p>Further review of the "Freezer Temperature Record" for November 2020 noted temperature maintained at 0 (zero) degrees and below for freezer. Also noted the following: "If the temperature exceeds the standard, recheck temperature after 30 min. If still above standard, must notify D. Manager or Dietitian (in their absence) or Maintenance so that corrective action may be taken". A review of the policy and procedure "Food &amp; Nutrition Services" notes temperatures must be maintained at the following Fahrenheit settings, frozen foods at 0 (zero)degrees or below.</p> <p>On 11/18/20 at 10:20 AM the FSM reported the freezer had been shut down.</p> <p>Based on observation, interview with facility staff and a review of the facility's temperature log and policy and procedures, the facility failed to ensure the system to maintain the freezer in safe operating condition was implemented. The documented temperatures of the freezer ranged</p>	4 243	<p>for the freezers and coolers and that out-of-range temperature rechecks were completed within 30 minutes and documented on the log.</p> <p>4. Regional Food Services Manager or designee will report findings from audits to HPIC for three consecutive bi-monthly meetings.</p>	

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4 243	<p>Continued From page 7</p> <p>from 15 to 30 degrees.</p> <p>Findings include:</p> <p>On 11/17/20 at 10:56 AM during the initial tour of the kitchen with the Food Service Manager (FSM) observed the reach-in freezer was displaying a temperature of 8 degrees. FSM reported the goal is to keep the freezer temperature below 10 degrees. A review of the temperature log on the freezer door for the month of November 2020 noted the temperatures ranged from 15 to 30 degrees. The FSM stated that when the temperature is out of range, the temperature is checked a half hour later. Review of the log found no entries for the "Recheck Temp". There was documentation that maintenance was notified on 11/02/20 and 11/03/20. A request was made for documentation that maintenance addressed the issue. No documentation was provided. Also noted there are missing entries for temperature log. The AM check was missing documentation on 11/01, 11/02, 11/06, 11/07, 11/08 and 11/13. The PM check was missing documentation on 11/06, 11/11 and 11/14.</p> <p>Further review of the "Freezer Temperature Record" for November 2020 noted temperature maintained at 0 (zero) degrees and below for freezer. Also noted the following: "If the temperature exceeds the standard, recheck temperature after 30 min. If still above standard, must notify D. Manager or Dietitian (in their absence) or Maintenance so that corrective action may be taken". A review of the policy and procedure "Food &amp; Nutrition Services" notes temperatures must be maintained at the following Fahrenheit settings, frozen foods at 0 (zero)degrees or below.</p>	4 243		



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